Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known					
FEE TRANSMITTAL For FY 2009 Applicant claims small entity status. See 37 CFR 1.27					Application Number 10/566,223					
					Filing Date 1/27/2006					
					First Named Inventor Jaya Sivasw			Tyagi et a	al.	
					Examiner Name		Angela Marie Bertagna			
				Art Unit		1637				
TOTAL AMOUNT OF PAYMENT (\$) 130.00				Attorney Docket 4544 - 060			50174			
METHOD OF PAY	MENT (check a	l that apply)							-	
Check 🗸 C	redit Card	Money Order	Nor	пе	Other (please ide	ntify):				
Deposit Accou	nt Deposit Accou	ınt Number:	23-065	0	Deposit Account	Name: The	Webb	Law Firn	1	
	ve-identified dep	***************************************	e Director is	hereby a	-	***************************************			-	
Cha	rge fee(s) indicate	d below			Charge fee	(s) indicated b	elow, exc	cept for the	filing fee	
	rge any additional er 37 CFR 1.16 an		payments of fo	ee(s)		overpayments			3	
VARNING: Information nformation and authoriz	on this form may be ation on PTO-2038.	ecome public. Cre	dit card inform	ation shoul	d not be included or	this form. Pro	vide credit	card		
EE CALCULATIO	N (All the fees l	oelow are due t	ipon filing o	r may be	subject to a su	rcharge.)				
I. BASIC FILING,	SEARCH, ANI FILING			cere	EXALTIT	LION PERC				
		rees all Entity	SEARCH I	EES I Entity	EXAMINA'	Mall Entity				
Application Typ				e (\$)	Fee (\$)	Fee (\$)		Fees P	'aid (\$)	
Utility	330	82	540	270	220	110				
Design	220	110	100	50	140	70				
Plant	220	110	330	165	170	85				
Reissue	330	165	540	270	650	325		***************************************		
Provisional	220	110	0	0	0	0			-	
. EXCESS CLAIN	4 FEES							t	Small Entity	
								Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues) 52									26	
Each independent claim over 3 (including Reissues)								220	110	
Multiple dependent o								390	195	
Total Claims	<u>- 20 or HP</u>	Extra Claims	Fee (§	3)	Fee Paid (\$)		Ī		ependent Claim	
HP = highest number	of total claims paid	for, if greater than	x 20,	-				<u>Fee (\$)</u>	Fee Paid (\$`	
Indep. Claims	- 3 or HP	Extra Claims	Fee (<u>\$)</u>	Fee Paid (\$)		-		***************************************	
HP = highest number	of independent alsi-	ne naid for if are-	X	=						
B. APPLICATION		o para ioi, ii gicai	or mall J,							
If the specificati	ion and drawings	exceed 100 she	eets of paper	(excludin	g electronically	filed sequence	e or com	puter listin	gs under	
37 CFR 1.52 See 35 H S (2(e)), the applicat C. 41(a)(1)(G) an	ion size fee due	e is \$270 (\$1:	35 for sm	all entity) for ea	ch additional	50 sheet	s or fraction	thereof.	
Total Sheets	Extra She			ch addit	ional 50 or frac	tion thereof	Fee	e (\$)	Fee Paid (\$)	
-1	00 =				up to a whole num			=		
OTHER FEE(S)							•		Fees Paid (\$)	
Non-English S		\$130 fee (no si	mall entity di	scount)						
Other (e.g., late filing surcharge): Petition for One-Month Extension of Time									130	
SUBMITTED BY										
Signature	Vilial	-K/h	nder		gistration No. torney/Agent)	22,132	Telepho	one 41	2-471-8815	
	1/1/ 0-/	111	V -		wincy/Agent)	,	•			